

DELINEATION OF CLINICAL PRIVILEGES - PATHOLOGY

(For use of this form, see AR 40-68; the proponent agency is OTSG.)

1. NAME OF PROVIDER *(Last, First, MI)*

2. RANK/GRADE

3. FACILITY

INSTRUCTIONS:

PROVIDER: Enter the appropriate provider code in the column marked "REQUESTED". Each category and/or individual privilege listed must be coded. For procedures listed, line through and initial any criteria/applications that do not apply. Your signature is required at the end of Section I. Once approved, any revisions or corrections to this list of privileges will require you to submit a new DA Form 5440.

SUPERVISOR: Review each category and/or individual privilege coded by the provider and enter the appropriate approval code in the column marked "APPROVED". This serves as your recommendation to the commander who is the approval authority. Your overall recommendation and signature are required in Section II of this form.

PROVIDER CODES

- 1 - Fully competent to perform
- 2 - Modification requested *(Justification attached)*
- 3 - Supervision requested
- 4 - Not requested due to lack of expertise
- 5 - Not requested due to lack of facility support

APPROVAL CODES

- 1 - Approved as fully competent
- 2 - Modification required *(Justification noted)*
- 3 - Supervision required
- 4 - Not approved, insufficient expertise
- 5 - Not approved, insufficient facility support

SECTION I - CLINICAL PRIVILEGES

Category I.

Successful completion of an accredited training program in anatomic or clinical pathology or both.

Requested Approved

Category I clinical privileges

Category II. Includes Category I.

Board certification in anatomic or clinical pathology, or both, as determined by the American Board of Pathology.

Requested Approved

Category II clinical privileges

Category III. Includes Categories I and II.

- Board certification in anatomic or clinical pathology, or both, as determined by the American Board of Pathology and,
- Subspecialty fellowship certificate issued upon successful completion of a fellowship training program in any subspecialty accredited by American Board of Pathology, or
 - Subspecialty board certification in a sub-discipline of anatomic or clinical pathology as determined by the American Board of Pathology.

Requested Approved

Category III clinical privileges

ANATOMIC PATHOLOGY

Requested Approved

a. Surgical Pathology

(1) Gross and microscopic examination of tissue with preparation of written report

(2) Intraoperative consultation/with frozen section preparation and issue of written report

(3) Interpretation of special stains

b. Dermatopathology

c. Electron Microscopy

d. Forensic Pathology

e. Neuropathology

f. Pediatric Pathology

g. Autopsy Pathology

(1) Dissection and interpretation of gross findings

(2) Interpretation of microscopic findings and special studies with preparation of written report

h. Cytopathology

(1) Evaluation of gynecologic cytology with preparation of written report

(2) Evaluation of non-gynecologic cytology with preparation of written report

(3) Performance/interpretation of fine needle aspiration with preparation of written report

CLINICAL PATHOLOGY

NOTE: For each of the sub-specialties associated with Clinical Pathology, as noted below, the provider must demonstrate proficiency in: management/administration, evaluation of QA procedures and compliance with applicable regulations and standards, acquisition and evaluation of equipment/methods, clinical correlation of tests, and consultation (verbal/written).

Requested	Approved		Requested	Approved	
		a. Clinical Chemistry			h. Hematopathology. Evaluation and interpretation of findings with preparation of written report for:
		b. Blood Banking			
		(1) Transfusion Medicine			(1) Peripheral blood
		(2) Donor Center Operations			(2) Bone marrow
		c. Clinical Microscopy			(3) Body fluids
		d. Medical Microbiology			(4) Special coagulation problems
		e. Serology/Immunopathology			
		f. Flow Cytometry			
		g. Molecular and Genetic Pathology			

COMMENTS

	SIGNATURE OF PROVIDER	DATE (YYYYMMDD)
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SECTION II - SUPERVISOR'S RECOMMENDATION

Approval as requested ☐ Approval with Modifications *(Specify below)* ☐ Disapproval *(Specify below)* ☐

COMMENTS

DEPARTMENT/SERVICE CHIEF <i>(Typed name and title)</i>	SIGNATURE	DATE (YYYYMMDD)
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SECTION III - CREDENTIALS COMMITTEE RECOMMENDATION

Approval as requested ☐ Approval with Modifications *(Specify below)* ☐ Disapproval *(Specify below)* ☐

COMMENTS

CREDENTIALS COMMITTEE CHAIRPERSON <i>(Name and rank)</i>	SIGNATURE	DATE (YYYYMMDD)
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EVALUATION OF CLINICAL PRIVILEGES - PATHOLOGY

(For use of this form, see AR 40-68; the proponent agency is OTSG.)

1. NAME OF PROVIDER <i>(Last, First, MI)</i>	2. RANK/GRADE	3. PERIOD OF EVALUATION <i>(YYYYMMDD)</i> FROM _____ TO _____
4. DEPARTMENT/SERVICE	5. FACILITY <i>(Name and Address: City/State/ZIP Code)</i>	

INSTRUCTIONS: Evaluation of clinical privileges is based on the provider's demonstrated patient management abilities appropriate to this discipline, and his/her competence to perform the various technical skills and procedures indicated below. All privileges applicable to this provider will be evaluated. For procedures listed, line through and initial any criteria/applications that do not apply. The privilege approval code (see corresponding DA Form 5440) will be entered in the left column titled "CODE" for each category or individual privilege. Those with an approval code of "4" or "5" will be marked "Not Applicable". Any rating that is "Unacceptable" must be explained in SECTION II - "COMMENTS". Comments on this evaluation must be taken into consideration as part of the provider's reappraisal/renewal of clinical privileges and appointment/reappointment to the medical staff.

SECTION I - DEPARTMENT/SERVICE CHIEF EVALUATION

CODE	PRIVILEGE CATEGORY	ACCEPTABLE	UN-ACCEPTABLE	NOT APPLICABLE
	Category I clinical privileges			
	Category II clinical privileges			
	Category III clinical privileges			
	ANATOMIC PATHOLOGY PRIVILEGES			
	a. Surgical Pathology			
	(1) Gross and microscopic examination of tissue with preparation of written			
	(2) Intraoperative consultation/with frozen section preparation and issue of written report			
	(3) Interpretation of special stains			
	b. Dermatopathology			
	c. Electron Microscopy			
	d. Forensic Pathology			
	e. Neuropathology			
	f. Pediatric Pathology			
	g. Autopsy Pathology			
	(1) Dissection and interpretation of gross findings			
	(2) Interpretation of microscopic findings and special studies with preparation of written report			
	h. Cytopathology			
	(1) Evaluation of gynecologic cytology with preparation of written report			
	(2) Evaluation of non-gynecologic cytology with preparation of written report			
	(3) Performance/interpretation of fine needle aspiration with preparation of written report			
	CLINICAL PATHOLOGY PRIVILEGES			
	a. Clinical Chemistry			
	b. Blood Banking			
	(1) Transfusion Medicine			
	(2) Donor Center Operations			
	c. Clinical Microscopy			
	d. Medical Microbiology			
	e. Serology/Immunopathology			
	f. Flow Cytometry			
	g. Molecular and Genetic Pathology			

CODE	CLINICAL PATHOLOGY PRIVILEGES <i>(Continued)</i>	ACCEPTABLE	UN-ACCEPTABLE	NOT APPLICABLE
	h. Hematopathology. Evaluation and interpretation of findings with preparation of written report for:			
	(1) Peripheral blood			
	(2) Bone marrow			
	(3) Body fluids			
	(4) Special coagulation problems			

SECTION II - COMMENTS *(Explain any rating that is "Unacceptable".)*

NAME AND TITLE OF EVALUATOR	SIGNATURE	DATE (YYYYMMDD)
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